IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-C	3B	
Gift or Bequest Informa by a department or acc Governor on behalf of	ce pte d by	/ the
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DEPARTMENT OR OFFICE RI	ECEIVING THE GIFT OR BEQU	JEST:	\$	m 00 101
DHS - Glenwood Resour	ce Center			
Name of Department or Office 711 S Vine St	And the Control of th	Glenwood, Iowa 51534		
Mailing Address 712-527-4811		City, State, Zip Code		
Area Code & Telephone No.				
CONTACT PERSON FOR REC	PIPIENT DEPARTMENT OR OF	FICE:		<u></u> _
James Thompson			•	
Name				
Mailing Address (if different from a	above)	City, State, Zip (if different fr	om above)	
Emall Address		Area Code & Telephone Nu	mber (if different from above)	
OONOR OF GIFT OR BEQUES	ST:			
Marion Bushland				
Name				
5090 County Road 599	Farmersville, TX 75442			
Mailing Address	City, State, Zip Code	- 2/26/19	\$8.00	

Area Code & Telephone Number Email Address (optional)

Date of Gift or Bequest Amount/Value* value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

\$8.00 to buy snacks, pop for house 241

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

James Thompson affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

RECEIPT OF DONATION

(Please send to Ruth Messinger #23)

PERSON/ORGANIZATION:	Marion Bushland
	Donor Name
	5090 County Road 599
	Address
	farmersville, 7x 75442
	City, State, Zip Code
ITEMS DONATED:	money
DD CD C = 1 C = 1 = 1	
DROP OFF LOCATION:	
DONOR VALUATION OF	\$ 8 .00
ITEM(S):	
DONORS EXPECTION OF USE:	to buy snack pop for
	people in house 24/
	(i.e. donation to a specific house, Campbell Park, etc.).
DATE RECEIVED:	2-26-2019
CDC STIDEDVISOD DECENTING	J. D. P. J. Scarce
GRC SUPERVISOR RECEIVING `DONATION:	Jemider Duckman DWS
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COMMENTS/NOTES:	